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SECRETARY OF STATE  
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## COVER LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: ROCK FOR AUTISM, INC.  
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

☒ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee &  
Certificate of  
Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate

**ADDITIONAL COPY REQUIRED**

FROM: Chris Lilly  
Name (Printed or typed)

4854 Stevens Dr.  
Address

Sarasota, FL 34234  
City, State & Zip

941-356-~~4000~~ 2675  
Daytime Telephone number

AGENTLilly@comcast.net  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

**ARTICLES OF INCORPORATION**  
In Compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I    NAME**

The name of the corporation shall be:  
Rock for Autism, Inc.

**ARTICLE II    PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:  
4854 Stevens Dr., Sarasota, FL 34234

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is:  
To raise awareness and hope for families with autism

**ARTICLE IV    MANNER OF ELECTION**

The manner in which the directors are elected or appointed:  
Appointed by President

**ARTICLE V    INITIAL DIRECTORS AND/OR OFFICERS**

List name(s), address(es) and specific title(s):  
Chris Lilly - 4854 Stevens Dr., Sarasota, FL 34234 - Director  
John Pike - 415 Knollwood Dr., Hampstead, NC 28443 - Director  
Michael Brook - 1054 Center St., #293, Thornhill, Ontario L4J8E5 - Director

**ARTICLE VI    INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  
Chris Lilly - 4854 Stevens Dr., Sarasota, FL 34234

**ARTICLE VII    INCORPORATOR**

The name and address of the Incorporator is:  
Chris Lilly - 4854 Stevens Dr., Sarasota, FL 34234

\*\*\*\*\*  
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.*

\_\_\_\_\_  
Signature/Registered Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature/Incorporator

\_\_\_\_\_  
Date

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